

New Jersey's Violent Death Reporting System

**A collaboration between the Center
for Health Statistics at the New
Jersey Department of Health and
Senior Services and the Violence
Institute @ UMDNJ**



Purpose:

To implement a violent death surveillance system that combines data from multiple sources to develop a comprehensive understanding of all homicides and suicides. Use this information to develop prevention programs that will reduce the number of homicides and suicides.



Scope:

**All homicides and suicides committed
in New Jersey from January 1, 2003
forward.**



An epidemiological approach to determine:

- ▶ Who**
 - ▶ What**
 - ▶ Where**
 - ▶ When**
 - ▶ How**
- violent deaths occur.**



Data Sources:

- ▶ **Death certificates**
- ▶ **Medical examiner reports**
- ▶ **Police records / reports**
- ▶ **Crime lab reports**



The Center for Disease Control and Prevention hopes to build a National Violent Death Reporting System. New Jersey is one of six pilot states.

The other pilot states are:

- Maryland**
- Massachusetts**
- Oregon**
- South Carolina**
- Virginia**



The New Jersey project:

- ▶ Will use standardized CDC data collection elements/software
- ▶ Will collect data quarterly
- ▶ Will have a Technical Advisory Board comprised of representatives of data providing agencies
- ▶ Will have a General Advisory Board to review, and hopefully use, project reports
- ▶ Will generate detailed homicide and suicide reports
- ▶ Will have a website for posting of project reports



The Center for Disease Control and Prevention's National Violent Death Reporting System is modeled after a pilot system implemented by the Harvard School of Public Health's Injury control Research Center.

The following jurisdictions participate in the Harvard pilot project:

- Connecticut
- Maine
- Utah
- San Francisco
- Pittsburgh area
- Miami-Dade County



What have we learned about suicide from the Harvard pilot project sites?

- ▶ There are informants for suicide cases who can provide useful information
- ▶ Incident narratives provide a rich array of contextual information
- ▶ 92% of suicide cases had at least one precipitating circumstance noted



Some preliminary findings from the Harvard pilot project's 2000 data on firearm suicides:

Victim Demographics

	#	%
Male	468	90
Female	53	10
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0-19 Years	33	6
20-24	48	9
25-44	164	31
45-64	163	31
65+	111	21



Other findings:

- ▶ 29% (148) had previously disclosed suicidal ideations
- ▶ 11% (58) had previously attempted suicide
- ▶ 37% (154) tested positive for alcohol and/or drugs
- ▶ 17% (86) had a history of an alcohol or other substance abuse problem
- ▶ 52% (272) were depressed or had a history of depression or other mental illness



Precipitating factors (not mutually exclusive):

- ▶ 32% (167) A relationship problem**
- ▶ 25% (131) A physical health problem**
- ▶ 16% (81) A job or income problem**
- ▶ 21% (107) Three or more precipitating factors**



**Did suicide follow a recent life crisis
(e.g., arrest, job loss, relationship
break-up, legal trouble, bad report
card, etc.)?**

- ▶ **20% (84) had a same day life crisis**
- ▶ **31% (134) had a life crisis within the
previous two weeks**



The most frequently occurring same day or recent life crisis was a “criminal problem” (83%)

As victim age increases, the likelihood of a same day or recent crisis decreases

Age of Victim	0-19	20-24	25-44	45-64	65+
% of Victims w/ Same Day or Recent Crisis	46	43	36	26	20



In addition to this difference between victims of differing ages, there were other differences between age groups and differences between males and females.



The Goal for New Jersey's Violent Death Reporting System:

**Develop a detailed and
comprehensive understanding of all
homicides and suicides and use that
understanding to develop effective
prevention strategies.**

